

# Women of the Well Ministry

Phone - 770-577-4282

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[www.WomenoftheWell.info](http://www.WomenoftheWell.info)

Women of the Well

Men of the Well

Children of the Well

*I have received Jesus Christ as my personal Savior and Lord, and desire to become an active member and support this women's ministry. Therefore, I hereby apply for membership.*

\_\_\_ Miss \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Master \_\_\_ Mr. \_\_\_ Dr. \_\_\_ Rev.

First & Last Name: \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail\*: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Remarried

Church home (name of church & city/state): \_\_\_\_\_

| Family Members in Your Current Household | Relationship | Birthdate |
|--|--------------|-----------|
|  |              |           |
|  |              |           |
|  |              |           |
|  |              |           |

Have you been baptized (date)? \_\_\_\_\_ If not, do you wish to be?  Yes  No

What way(s) do you desire to serve within our ministry family (based on your interests, abilities, gifts, and time)?

\_\_\_\_\_

Have you attended all 4 Steps to Excellence Classes?  Yes  No

I am willing to participate in these classes in the future.

Note: Although these 4 classes are not a requirement for membership, participation in these classes will be very beneficial to your spiritual health and your participation within our ministry family.

Signature \_\_\_\_\_ Date \_\_\_\_\_